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ABSTRACT

The paper describes the New Jersey Child Find project, a program to locate and identify all unserved handicapped children between the ages of 0 and 21 years. Noted are four project objectives (such as conducting community awareness campaigns), background of the project (including early efforts to identify handicapped children as a result of a rubella epidemic in the 1960s, and requirements of federal legislation. Community awareness activities including a yearly statewide media campaign, a "Child Find How-to" kit for local schools, and an information and referral hotline for identification of children with suspected handicaps are summarized. The screening program includes screening of speech/language, vision, motor, and hearing conducted by trained Child Study Team members and a manual for screening preschool children. Assessment of children referred through the screening process involves evaluation of the cognitive, language, and social/personal development of each handicapped preschooler. Briefly noted are program placement after assessment and interagency collaboration to reduce duplication and delay in delivery of services. Appendixes include the Child Find How-To Kit, guidelines for Project Child Find intake and screening, the manual on screening children ages 3 to 5, and guidelines for Project Child Find assessment. (DB)

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New Jersey Project Child Find

Presented at

The Council for Exceptional Children
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New York, New York

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Project Child Find

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EC 140 354

A Child Find system, for the provision of services to young potentially handicapped children, is a component of the regulations embodied within Public Law 94-142, the Education for All Handicapped Children Act of 1975. Specifically, the federal law requires that "all children residing in the state who are handicapped, regardless of the severity of their handicap, and who are in need of special education and related services are identified, located and evaluated..."

The New Jersey State Department of Education, in compliance with federal statute, instituted Project Child Find in the 1975-76 school year. The goal of New Jersey Project Child Find is to locate and identify all unserved handicapped children between the ages of 0 and 21.

Components of a Child Find System

Whether a Child Find System is implemented at a state or local level, the success of the project is based upon a foundation of planning, community awareness, identification, and comprehensive service delivery. The State Department of Education has addressed these components through the identification of the following project objectives:

1. To develop and implement a statewide system for the identification, assessment and referral of unserved and underserved handicapped children;
2. To conduct community awareness campaigns regarding Project Child Find Services to assist parents and professionals in identifying and referring handicapped children for diagnosis/treatment;
3. To develop methods of assuring that children and parents receive appropriate services;
4. To work cooperatively with other agencies and professional personnel in developing a comprehensive system of services to handicapped children and their families.

Background

A rubella epidemic in the early 1960's provided the impetus for the statewide effort to identify handicapped children in New Jersey. Parents of thousands of children born with handicaps stemming from rubella began to pressure the legislature and school systems for immediate help.

The pressure brought results. The state began to identify and prescribe programs for rubella-affected preschool children, along with other handicapped children of preschool age.

The State Department of Education developed its approach to Special Education in two areas. The first area included revision of state educational laws to include mandated guides for each board of education to provide increased services for handicapped children in public schools.

The second area dealt with the identification of preschool handicapped as required by the federal government. In early 1968, the Educational Improvement Center of Pitman (EIC-South) was given the task of developing a process for identifying preschool handicapped, and Project Child began. PTA members and other volunteers took part in a statewide survey to locate preschool children with handicaps.

In 1975, efforts expanded under Project Child Find, a requirement of P.L. 94-142, Education of all Handicapped Children Act. The state initiated the program with a statewide media campaign. A toll-free number was provided for use by families who suspected their children of having handicaps, and over 1,000 calls were received. Calls concerning school-age children were referred to local school districts for review; preschool children were given vision, hearing, motor and language assessments, and were referred to pilot projects located throughout the state.

Community Awareness

A state-wide media campaign, focusing on the Project Child Find Network, has been an ongoing effort of the State Department of Education since 1975. Awareness materials have been developed and disseminated to communities through the media. Methods for dissemination include: flyers, brochures, posters, television spots, radio spots, and speakers bureaus. In anticipation of local district responsibility for Child Find activities, the State Department of Education has developed the "Child Find 'How-To' Kit for Local Schools." (Appendix A) This package provides guidelines and materials to assist local districts in their search to identify unserved handicapped children.

The project continues to maintain an information and referral "hotline" to answer questions relative to a child's development, referral procedures and community resources. The hotline serves as an important link between the community and program services. Project staff provide statewide awareness sessions and inservice training activities to district personnel to increase professional knowledge and expertise in Child Find techniques and strategies.

Identification

Project Child Find's major vehicle for the identification of children with suspected handicaps is the toll-free hotline (800-322-8174). Awareness materials encourage parents who suspect their child may have a handicap contact this number for professional guidance. Project Child Find staff respond to requests by describing the available services appropriate to meet the individual child's needs and obtaining pertinent information. School age children are referred to the appropriate county personnel who work directly with the parent and the local school district to acquire needed services for the pupil; and infants are referred to agency sponsored infant stimulation programs. The preschool population, children between the ages of three and five, receive direct services through

Project Child Find consisting of screening, evaluation and program referral.

Screening

Screening is considered a measurement activity which identifies those children from whom more sophisticated diagnostic information is needed. Although screening may provide a source of valuable information about developmental levels of children, it only identifies children with possible problems.

There are twenty-one county centers in New Jersey which conduct Child Find screenings. The areas which are screened include: speech/language, vision, motor and hearing. The personnel administering the screening in the four developmental areas are trained Child Study Team members. At each screening center, one person on the team is designated as the contact person. That person is responsible for the overall management of the screening effort from start to finish. A registration form, screening record and gross motor test record are completed for each child and upon completion of the screening, one member of the team shares the results with the parents.

Preschool screening is not to be considered diagnostic and is not a substitute for a complete assessment. In the New Jersey plan children who fail any of the four screening components are referred to the most appropriate community resource for further evaluation. (Appendix B - Guidelines for Project Child Find Intake and Screening)

A manual, "Screening Children Ages 3-5," has been developed by the State Department of Education and Project Child Find staff for dissemination to local district personnel establishing screening programs for young handicapped children. The manual includes complete information regarding the testing environment, equipment and materials needed, procedures for screening and referral criteria. In addition, a filmstrip series for training child study team members in this screening model has been developed and is available through the State Department of Education. (Appendix C - Screening Children Ages 3-5)

Assessment

The purpose of assessment is the analysis of the sources of a child's difficulty and the compilation of practical information regarding the child's level of functioning. The child, for whom screening is inappropriate or the child who fails one or more of the screening components, is referred for assessment.

A multi-disciplinary child study team assesses the cognitive, language and social/personal development of each handicapped preschooler. Children served through the Child Find system may be referred to: one of the four college assessment centers funded through the State Department of Education, a specialized community clinic, or other appropriate state, county or local agency for diagnostic assessment. Upon completion of the diagnostic assessment, evaluation reports are forwarded to Project Child Find staff for review and follow-up.

(Appendix D - Guidelines for Project Child Find Assessment)

Program Placement

The final stage of Project Child Find activities is the referral of identified handicapped children to appropriate preschool programs. Project staff review the recommendations of the assessment team staff and identify programs which will meet the child's specific needs. Program options include: Title VI-B Preschool Handicapped, Head Start, Title 20 and private programs. The final decision regarding enrollment is the parent's responsibility.

Interagency Collaboration

In 1980, Project Child Find expanded its goals to include activities related to interagency collaboration. It is the intent of the State Department of Education, in cooperation with Project Child Find, to accomplish activities which will provide a system of service delivery which focuses on the needs of the client and his/her family. Research has shown that, through interagency cooperation, families should experience a reduction in duplication and delay in the delivery of services. Referral relationships, with other agencies serving young handicapped

children, are being established to address this need. A committee, with representatives from the Departments of Education, Health, Human Services, Community Affairs, Labor and Industry and Head Start, was formed to advise project staff in the achievement of interagency activities. (Appendix E - A Statewide Interagency Plan for the Delivery of Services to Young Handicapped Children)

In summary, Project Child Find staff, in an effort to assure that children and parents receive appropriate services, disseminate information relative to the need for early identification and intervention activities, function as advocates for young handicapped children and maintain a tracking system for referrals which provides a comprehensive method for the delivery of services to handicapped children.

CHILD FIND 'HOW-TO' KIT FOR LOCAL SCHOOLS



EC 140354

NEW JERSEY STATE DEPARTMENT OF EDUCATION

NEW JERSEY STATE DEPARTMENT OF EDUCATION

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NEW JERSEY- 13 YEARS OF CONCERN

New Jersey has taken great strides in the field of special education since the mid 1800's. In 1846, the first legislative bill to provide a school for the handicapped was proposed by a Cumberland County assemblyman. From that time, New Jersey legislators moved to create a commission on the "Blind, Deaf and Retarded," and then voted to establish a number of residential schools to provide services for the handicapped.

A giant step was taken with the passage of the Beadleston Bills in 1954. For the first time in the state's history, the classification and special education of mentally retarded and physically handicapped children were made mandatory.

A rubella epidemic in the early 1960's provided the impetus for the statewide effort for the identification of handicapped children in New Jersey. Parents of thousands of children born with handicaps stemming from rubella began to pressure the legislature and school systems for immediate help.

The pressure brought results. The state began to identify and prescribe programs for rubella-affected preschool children, along with other handicapped children of preschool age.

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and other volunteers took part in a state-wide survey to locate preschool children with handicaps.

In 1975, efforts expanded under Project Child Find, a requirement of P.L. 94-142, Education of all Handicapped Children Act. The state initiated the program with a state-wide media campaign. A toll-free number was provided for use by families who suspected their children of having handicaps, and over 1,000 calls were received. Calls concerning school-age children were referred to local school districts for review; preschool children were given vision, hearing, motor and language assessments, and were referred to pilot projects located throughout the state.





Under Public Law 94-142, the responsibility of systematically locating the unserved handicapped now rests with the individual school districts. As the school districts take on the child find responsibility, the State Department of Education will aid them by providing a toll-free number (800-322-8174) for parents seeking information and assistance. This number can also be used to help citizens, parents, and educators determine what programs are available for:

- infants through infant stimulation
- preschool-age children
- school-age children
- adults through community education and activity centers.

The State Department of Education, Division of School Programs, Branch of Special Education and Pupil Personnel Services, has produced this "how-to" package to offer you some guidelines in your search for special children.

QUESTIONS AND ANSWERS

Q. What is our responsibility as a school district regarding Child Find?

A. Each handicapped child shall be identified, examined and classified according to procedures prescribed by the Commissioner and approved by the State Board of Education. School districts can also turn to local municipalities for help with Child Find, since any organization receiving federal funds is responsible for conducting a child find program.

Q. We do identify school-age handicapped children. Isn't that enough?

A. No. According to state law, schools must locate and identify school-age children. However, in order to receive federal funds (P.L. 93-380 and 94-142) the local district must also provide and implement a plan for the identification of preschool handicapped children.

The identification of the preschool handicapped children should aid the school district in planning for personnel and programs in upcoming years.

Q. Will we need to hire extra personnel to undertake a Child Find?

A. No. You can make use of present school staff and volunteer groups. In this package are some tips on recruiting volunteers for Child Find, along with a list of volunteer groups in New Jersey.

Q. Okay. Now I know about the Child Find program. What do I do now?

A. Decide which staff people will help you organize your approach (i.e. director of special education, special education teachers, school nurse.)

- Set up means for parents to contact you about their children.
- Meet with staff people to discuss best means to reach community members.
- Contact volunteer groups and get them started.
- Inform the public through media releases.



Q. Is there a certain time of year to conduct Child Find?

A. The best times to concentrate your efforts are the beginning of the school year and early spring. However, Child Find should be a continuous process.

Q. You say that after we receive inquiries, the children will be screened. Who will do the screening?

A. District personnel and/or volunteers may do the screening if they desire. They will be given prior training in screening techniques by the Department of Education through the Learning Resource Center projects. If your district chooses not to do the screening, the screening center within your county will be available.

Q. After a preschool child is identified as being potentially handicapped through the screening, what happens?

A. The child can be referred directly to a program, evaluated by the child study team or, if the child study team is unable to evaluate him/her, referred to one of the state evaluation centers for further evaluation.

Q. Suppose our school does not have a program for preschool handicapped. What do we do if a preschool child in our district needs a program?

A. Call the County Superintendent of Schools' Office in your county or the State Department of Education, Coordinator of Preschool Programs for Handicapped Children, at 609-292-0147, to find out about existing programs.

Q. Suppose we locate a program for a child but the child is refused admittance. Have we fulfilled our responsibility?

A. No. Simply call 609 292-0147. All programs are supervised by the Branch of Special Education and Pupil Personnel Services; an opening in another program will be found or an existing program will be expanded for the child.

Q. What if a child must be transported to a program in another district?

A. The district in which the child lives should provide the transportation upon confirmation by the local school district's child study team that the child is handicapped.

Q. What if we want to start a preschool program or enlarge our existing program?

A. Contact the Department of Education, Coordinator of Preschool Programs for Handicapped Children, at 609-292-0147 for assistance.

Q. All of this is very well and good, but we have a very small district. Are the requirements the same for us?

A. Yes. But keep in mind that several districts can combine for a multi-district Child Find. However, the annual P.L. 94-142 application will have to be submitted by each individual district.

WHERE DO WE START?

In planning your district's Child Find, consider the community and the people you want to reach. Generally, the wider the range of media used, the greater the number of people who will be reached. Some methods, however, may be of little use in your community.

Think about the lifestyles, attitudes, and interests of families in your community. Choose those methods which you think will work most effectively and efficiently on a continued basis. Remember that the program must continue on a year-to-year basis in order to receive federal funds annually. Include the methods which you use to effect Child Find on your yearly P.L. 94-142 application. If some methods prove less effective than others, replace them with new techniques.

You may want to adapt some of the ideas included in this "how-to" package for your own community. For

instance, you may want to conduct a screening for all three-to five-year-olds in your area instead of just screening those who are possibly handicapped, or you may want to establish a Child Find phone hot-line simply for Child Find inquiries.

There is no established minimum or maximum number of techniques to use, as long as you are doing a thorough Child Find. Beginning in July of 1978, the identification of preschool handicapped becomes mandatory in order to receive federal funds, so this year can be a good year to get your program established.

Use the prepared literature in this package or create your own. Just remember, if you can find these children, you can help them.



HOW DO WE HANDLE CHILD FIND INQUIRIES?

- For phone inquiries:
 - Decide which person will handle Child Find calls. (This can be a volunteer from the community, a secretary or other staff member, a CETA worker, or a high school student.)
 - Designate a "substitute" to handle calls when the regular Child Find person is not available (sick, at lunch, on break, etc.)
 - Brief all Child Find personnel on procedure for handling calls.
- Procedure for person handling CF calls
 - Always have screening forms at hand.
 - Get name of caller, phone number, and address. (If the caller is not the child's parent, get the name, address and phone number of parent or guardian. All contact after this time will be with parent or guardian.)
 - Try to discover what the child's need is.
 - Assure caller of confidentiality.
 - Set up screening time or tell caller when you will contact him/her to give information about screening appointment.



- For mail inquiries:
 - Designate one person, rather than an office, to receive inquiries.
 - Develop a process for responding to mail inquiries.
- Make sure all outgoing information on Child Find clearly indicates **who** can be called and **when** they can be reached. If you expect a mail response, indicate the **address** and **person** who should be written to.

*Phone Inquiry Form enclosed at back of package.

WHAT MEANS CAN BE ESTABLISHED WITHIN THE SCHOOLS?

- Annual or more frequent community-wide newsletter describing
 - (1). characteristics of individuals with handicaps
 - (2). existing programs and services
 - (3). steps that a parent/guardian can take to have a child screened
- Frequent inquiry of and liaison with nursery schools, day care centers, parent organizations, clinics, doctors, health care agencies, etc.
- Ongoing public information through media
- Development and distribution of informational brochures
- Screening tests given at kindergarten round-up, held early in the school year
- Inservice workshops for staff members (not only teachers and nurses, but secretaries and maintenance workers, too) to make sure they know (1) how to recognize a child who may need special help, and (2) how to refer such children

HOW CAN WE INFORM THE COMMUNITY?



There are many ways of getting information to a large number of people. One way is to have them directly receive a printed brochure or flyer. Enlist the aid of a volunteer group (Cub Scouts, high school student organization, etc.) and have the volunteers travel door-to-door distributing flyers. You can send letters home to parents with report cards or place Child Find notices in mailboxes of school district employees. A letter about CF can be delivered by the postman to every residence in your district for a few cents by using Postal Patron Local. (Stipulation: school must obtain permit and must mail at least 200 pieces of same size and weight.)

Flyers or brochures can be distributed to "prime" areas so that they will be noticed by a large number of people. How about

- using flyers as grocery-sack stuffers?
- asking doctors, dentists, etc., to keep a stack of brochures in their waiting rooms?
- having drug stores, banks, state agencies keep stacks of brochures/flyers on counters?

Another good idea is to add information to already existing sources which go to a lot of people. Print Child Find information in the parent handbook or on the school calendar. Ask local libraries to include Child Find data on the backs of bookmarks (the school can help with the printing); ask area businesses and churches to run a story on CF in their employee newsletters or weekly bulletins.

*Enclosed at back - letter to residents/parents

HOW CAN WE GET MEDIA PUBLICITY?

- Contact editors of every local daily and weekly newspaper in your area (you may want to contact 'city editor' if it's a daily with large circulation.)
 - Meet with him and explain Child Find. (Don't just call - the personal face-to-face contact matters.)
 - Tell him you'll be sending news releases.
 - Ask him to follow the Child Find program with news stories.
 - Ask him to do feature "spotlight" on the human interest aspect of Child Find.
- Make personal contact with Program Directors of all TV and radio stations in county.
 - Ask them to carry taped public service announcements.
 - Ask them to carry news information on Child Find and related events.
- Distribute posters to heavily visited areas (supermarkets, laundromats, even a country store in a rural area) and hang them in conspicuous places.
- Set up information booths at shopping centers, school fairs, carnivals, etc.
- Remember the religious groups.
 - Meet with church and synagogue clubs to recruit volunteers.
 - Ask religious heads to inform parishioners.

EXTRA PUBLICITY TIPS

- Remember minority groups. Contact a minority radio station; print a non-English brochure.
- Use school personnel and students in Child Find. Have art teachers assign Child Find poster design to classes; media students could contact area newspapers or radio stations and create public service announcements.
- Balance distribution of printed materials with area population. Don't flood one area and neglect another.
- Write a Letter to the Editor to inform area residents about Child Find.
- Ask about copy deadlines for area papers and make sure you meet those deadlines. You'll have a better chance of getting your stories printed when you want them to be.
- Don't underestimate the value of a fact sheet sent to local media. They may want to do their own

stories on your program.

- ALWAYS, ALWAYS include a phone number, school hours, and address on *all* information you distribute. You must let people know how to reach the school after they do hear about Child Find.
- Information going to the media should also include the name and phone number of a person who can be contacted if the media have any questions or need more information.

*Sample news releases, radio spots, and TV spot enclosed at back.

WHAT CAN VOLUNTEERS DO?

Volunteer groups can provide a great deal of help for the Child Find program. Some of the things they might do are:

- distribute leaflets.
- contact local agencies.
- give group presentations on Child Find.
- locate other volunteer groups.
- assist in screening process.
- assist in kindergarten round-up (a good idea is to hold the round-up early, in October rather than May, and screen the youngsters as they are signed up.)
- conduct a door-to-door survey.
- compose media releases.

This kit includes a sample letter to be sent to heads of community groups, asking whether their groups would be interested in helping with Child Find. You can meet with representatives from each group and decide what approaches are to be used and what group is best suited to which approach.

*Enclosed at back - a letter to and response form from group head; also speech for use by/with volunteer groups.



VOLUNTEER GROUPS/ ORGANIZATIONS

Social/Civic Groups

Senior Citizens
Elks
Lions
Moose
Masons
Knights of Columbus
Knights of Pythias
Jaycees, Jay-C-Ettes
Boy/Girl/Cub Scouts
YMCA, YWCA, YMHA, YWHA
Rotary
Kiwanis
Soroptimists
League of Women Voters
CYO
Red Cross
Shriners
American Legion
Veterans of Foreign Wars
Daughters of the American Revolution
Church/Synagogue
International Order of Oddfellows
20-30 Clubs
Student clubs

Private Organizations

Easter Seals
March of Dimes
Muscular Dystrophy Association
Association for Retarded Citizens
Cerebral Palsy Association
Hospitals
United Way

Public Organizations

Social services
Mental health centers
Child development centers
Welfare Department
Social Security offices
School advisory committees
School Boards
Local health department
Nurses
Police Department
Fire Department
Planned Parenthood
Family Planning
Postal Department

Vocational/Professional Groups

Labor unions
Parent-teacher groups
Medical societies
Community colleges
Chambers of Commerce
High school work/study program

A NOTE ON CONFIDENTIALITY

According to state and federal laws, information about a handicapped child stays between the two parties involved (the parent/guardian and the school) unless the parent/guardian gives permission to the school for the information to be passed on to a third party.

Also according to established laws, records on a child should contain only such information as is relevant to the education of that child and is objectively based on the personal observations or knowledge of the originator of the record.



State of New Jersey
DEPARTMENT OF EDUCATION
225 WEST STATE STREET
P.O. BOX 2019
TRENTON, NEW JERSEY 08625

September 1977

Dear Educator:

The State of New Jersey is committed by law and by conscience to provide educational services to all of its handicapped children ages 5 to 20. Under federal law this commitment is expanded to include youngsters birth to five years of age.

Today, in spite of our state's excellent record in the area of special education, a significant number of preschool handicapped children remains unserved by any special educational program. This is not solely because of a lack of sufficient resources. In many cases mentally, physically, and/or emotionally impaired youngsters remain unaided simply because they are unknown to educational agencies.

During 1976 the New Jersey Department of Education launched Project Child Find in an attempt to locate and aid unserved handicapped children and their parents.

Numerous public and private agencies, organizations, businesses and the mass media cooperated with the Department in carrying out a massive state-wide publicity campaign. The campaign worked. To date hundreds of handicapped young people have been found and helped.

By the nature of federal law, Project Child Find is to become a responsibility of the local schools. This "How To" kit is being provided to assist school districts in conducting Child Find activities. In addition, the Department's Bureau of Special Education and Pupil Personnel Services stands ready to offer technical assistance to any district initiating Child Find activities.

New Jersey's citizens have a long history filled with efforts aimed at helping their handicapped neighbors to reach their full potential. Project Child Find is a school out-reach program which readily demonstrates that concern.

Sincerely,

Paul Porado
Acting Deputy Assistant Commissioner
Division of School Programs

PP:mld

COMMUNICATIONS TECHNIQUE PLANNING SHEET

People to Be Reached	Means to Reach Them	Tasks to be Performed	Operational Policy
20			21

Project Child Find Intake Form
Educational Improvement Center
207 Delsea Drive, R.D. 4, Box 209
Sewell, New Jersey 08080

CONFIDENTIAL

Date _____ County _____

Name:

Child _____ Sex F ☐ M ☐ D.O.B. _____

Father _____ Address _____

Mother _____

Legal Guardian _____

Agency _____ Phone _____

Other _____

(specify) _____

School District _____

Is the parent aware that you are calling?

Yes ☐ No ☐

What type of problem is the child having? _____

Has the child ever received any kind of service? Yes ☐ No ☐

Type of Service Provided _____ Testing Program

When? _____ Where? _____

Do you have any idea what the child needs now? Yes ☐ No ☐

May we refer this request? Yes ☐ No ☐

What would be the most convenient time for someone to contact you? _____ Screening Evaluation Program

Day _____ Time _____

Referred to _____

Date _____

*Please check who made the call.

Signature of Intake Person _____

Date Received _____ Screening Outcome: CNT/P/F _____

Action Taken _____

Recommendation _____

Date _____

*Please return pink copy to E.I.C. - South

Signature _____

News Release #1

Name:
Title:
Address:

Date:
For release on:

Work phone:
Home phone:

Child Find, a community-wide effort to provide improved educational opportunities for preschool handicapped children, is being organized in _____ School District.

Parents, educators, and members of local organizations, business firms, and government agencies are taking part in the program to locate preschool children who may be handicapped.

Once a child has been located, either through a letter or phone call from a parent, guardian, or other concerned adult, the school district will set up a free screening for the child. The child will be placed in a free special education program, if needed.

If you live within _____ School District and have or know of a child who may have a physical, mental, or emotional difficulty and is not receiving services, contact the schools. Call _____ at _____ from _____ a.m. to _____ p.m. or write to _____ at _____

#1 News Release-Spanish Language

Name:

Date:

Title:

For release on:

Work phone:

Home phone:

El proyecto "Búsqueda de Niños" (Child Find) es un programa de la comunidad para proveer oportunidades educacionales para niños pre-escolares con impedimentos, comenzándose en el distrito escolar de _____.

Padres, educadores, miembros de organizaciones locales, firmas comerciales y agencias del gobierno están participando en el programa para localizar niños pre-escolares que tal vez tengan impedimentos.

Cuando el niño ha sido localizado, por medio de una carta o una llamada telefónica de un padre, guardián u otro adulto interesado, el distrito escolar arreglará una comprobación para el niño. Si es necesario el niño será puesto en un programa de educación especial, todo esto sin costo alguno para los padres.

Si usted vive dentro del distrito escolar de _____ y tiene o conoce a un niño que tenga cualquier dificultad física, mental o emocional y que no esté recibiendo ayuda, llame a la escuela.

Llame _____ en _____
de _____ a.m. a _____ p.m. o escriba a _____
en _____.

News Release #2

Name:
Title:
Address:

Date:
For release:

Work phone:
Home phone:

Parents who suspect their preschool-age child may be handicapped can now get free help from their local school districts.

_____ Schools are taking part in Child Find, a state-wide program to locate and provide services for those children age 3 to 5 who may have physical, mental, or emotional difficulties.

Screening, professional guidance, and an educational program (if needed) are all available free of charge through the schools.

These are possible signs of a special handicap:

- child has trouble seeing people or objects
- child has trouble hearing voices or other sounds
- child is unusually quiet
- child throws 'temper tantrums' or cannot get along with others
- child cannot pronounce words properly
- child has particular health problem.

For more information, contact your schools. Call _____
from _____ a.m. to _____ p.m. or write to _____
at _____.

QUESTIONS TO USE WHEN MAKING CONTACT WITH LOCAL RADIO STATIONS

ASK THE PUBLIC SERVICE DIRECTOR

Does your station air public service announcements?
What length do you prefer (10 sec., 20 sec., 30 sec., or 60 sec.)?
Would you rather our school prepare the tape - or is it policy for your own announcer to give the announcement (spot)?
Does your station offer help in producing the spots?
What are the deadlines for us to submit copy?
Is there a certain approach or what do you feel we should know about in preparing the announcement?
Do you produce programs that would lend themselves to guests from our school?
Could we help to create a program or a series of features that deal with the community's schools--or education in general?

ASK THE NEWS DIRECTOR

How much lead time do you need to cover an event in the schools?
Do you have any suggestions for the type of information you'd like in our news releases?
If you cannot cover an event, would you like to have us give you a call with the details?
Do you have basic information about the school system, including phone numbers, building locations, budget figures, and so on?

HELP WITH PROMOTION

If you are successful at getting involved with a regular broadcast, or even a one time guest interview spot, help to promote the event around town.

Get a flyer, news release or special newsletter article out about your school's participation in the upcoming program. Usually these programs draw poor listening times like very early in the morning, late at night or on weekends. You can help turn this into prime radio time by publicizing the program through any available means.

Helping to increase listenership will also make you the darling of the radio station and insure future cooperation from its management.

Radio Spot #1

For release on air from _____ (date) _____ until _____ (date) _____

From: _____ School District

Time: _____ seconds

(60 second spot)

THIS IS AN IMPORTANT MESSAGE FOR PARENTS OF PRESCHOOL CHILDREN
LIVING IN _____ SCHOOL DISTRICT. IF YOU HAVE
BEEN NOTICING THAT YOUR CHILD SEEMS TO BE HAVING TROUBLE
SPEAKING, SEEING, HEARING, WALKING, RUNNING OR MANIPULATING SMALL
OBJECTS, YOU MIGHT BE PICKING UP SIGNS OF A PHYSICAL OR EMOTIONAL
PROBLEM. CHANCES ARE THAT WITH EARLY DETECTION SUCH PROBLEMS COULD
BE PARTIALLY OR TOTALLY CORRECTED.

MUSIC: Up and under

CHILD FIND IN _____ SCHOOL DISTRICT CAN OFFER
HELP IN DIAGNOSING AND TREATING PHYSICAL OR EMOTIONAL PROBLEMS THAT
MAY BE THREATENING THE WELFARE OF YOUR CHILD. THE HELP IS FREE,
PROFESSIONAL, AND CONFIDENTIAL. CONTACT CHILD FIND AT YOUR LOCAL
SCHOOL BY CALLING _____. THAT'S _____.
IF YOU SUSPECT A PROBLEM, CALL TODAY - FOR YOUR CHILD AND YOURSELF.

#1 Radio Spot - Spanish Language

For release on air from:

From:

Time: 60 seconds

Este es un mensaje importante para los padres de los niños pre-escolar, residentes en el distrito escolar de _____.

Si usted ha notado que su hijo parece tener dificultades con el lenguaje, la vista, el oído, al caminar, correr o manipular objetos pequeños, pudiera estar acumulando signos de problemas físicos o emocionales. Hay muchas oportunidades de que con una ayuda temprana esos problemas puedan ser parcial o totalmente enmendados.

MUSIC: Up and under

Búsqueda de Niños (Child Find) en el distrito escolar de _____ puede ofrecer ayuda en el diagnóstico y tratamiento de problemas físicos y emocionales que puedan estar amenazado el bienestar de su hijo(a). La ayuda es gratuita, profesional y confidencial. Póngase en contacto con Búsqueda de Niños (Child Find) en su escuela llamando a _____. Eso es _____.

Si usted sospecha algún problema, llame hoy mismo por su hijo y por usted.

Radio Spot #2

For release on air from _____ (date) _____ until _____ (date) _____

From: _____ School District

Time: _____ seconds

(30 second spot)

_____ SCHOOL DISTRICT WANTS TO HELP PRESCHOOL-
AGE CHILDREN WHO MAY HAVE SPECIAL HANDICAPS. IF YOUR CHILD SEEMS
TO BE HAVING TROUBLE WITH SPEAKING, SEEING, HEARING, WALKING,
RUNNING, OR MANIPULATING SMALL OBJECTS, HE MAY NEED SPECIAL
SERVICES. CALL _____ FOR A FREE SCREENING AND
PROFESSIONAL GUIDANCE. ALL INFORMATION IS CONFIDENTIAL. IF YOU
SUSPECT A PROBLEM, CALL THE SCHOOL TODAY - FOR YOURSELF AND YOUR
CHILD.

Radio Spot #3

For release on air from _____ (date) _____ until _____ (date) _____

From: _____ School District

Time: _____ seconds

(15 second spot)

CHILDREN ARE NOT ALL ALIKE - SOME HAVE SPECIAL PROBLEMS AND NEED
EXTRA HELP. IF YOU KNOW OF A PRESCHOOL CHILD WITH A PHYSICAL OR
LEARNING DIFFICULTY, YOUR LOCAL SCHOOL DISTRICT CAN HELP. CALL
CHILD FIND AT _____ FOR A FREE SCREENING AND PROFESSIONAL
GUIDANCE.

Television Spot

SLIDE: (On Screen):

Call Child Find at Your Local School District

VOICE OVER:

Do you know a preschool-age child who may have a physical, mental, emotional or learning difficulty? Many times the problem can be corrected if it is noticed early enough. Contact Child Find at your area school district for a free screening and professional advice.

Television Spot-Spanish Language

SLIDE (on screen): Llame Búsqueda de Niños (Child Find)
en su distrito escolar o local.

VOICE: ¿Conoce usted algún niño de edad pre-escolar que
pudiera tener dificultades emocionales, físicas o
mentales? Muchas veces los problemas pueden ser
enmendados si son notados a tiempo. Póngase en
contacto con Búsqueda de Niños (Child Find) en la
escuela de su distrito para una entrevista
profesional y gratuita.

Letter to Parents and/or Residents

Dear Resident:

Do you have or know of a preschool-age child who may have physical, mental, or emotional problems? If so, Child Find can help.

Child Find is a community-wide effort to find and help preschool-age children who are handicapped and in need of special educational programs or services.

In many cases, a special program can correct the child's problem if it is noticed early enough. Sometimes, however, parents do not seek help for a child because 1) they do not know what services they can get for the child; or 2) they do not realize the child has a problem.

Free screenings for preschoolers are now being scheduled at _____ Schools. Professional guidance and free special educational programs to meet the needs of children with special problems are also available.

So if you know of a child who may have a problem, contact us.

Call _____ (name) at _____ (number) from _____ a.m. to _____ p.m. Or write to _____ (name) at _____ (address). All information is confidential.

If we can find these children, we can help them. Thank you.

Respectfully yours,

Letter to Residents and/or Parents - Spanish Language

Querido Residente:

¿Tiene o conoce usted a algún niño de edad pre-escolar que tiene una dificultad física, mental o emocional? Si la respuesta es afirmativa, el proyecto "Búsqueda de Niños" (Child Find) le puede ayudar.

El proyecto "Búsqueda de Niños" es un programa en la comunidad para descubrir y ayudar a niños de 3 a 5 años que tienen impedimentos y que necesitan ayuda o programas de educación especial.

En muchos casos, un programa especial puede remediar los problemas del niño si se los encuentran a tiempo. Muchas veces, los padres no procuran ayuda para sus hijos porque:

1. No saben cuales servicios están disponibles para sus niños.
2. No se dan cuenta que su hijo tiene un problema.

Una comprobación gratis para niños pre-escolares está disponible en la escuela de _____. También tenemos disponible, sin costo alguno, consejos profesionales y programas de educación especial, para los niños con problemas específicos.

Por eso, si usted conoce a un niño que tiene problemas, llámenos.

Llame a _____ a _____ de _____ a.m. a _____ p.m. Toda información es confidencial.

Si usted nos ayuda a encontrar estos niños, podemos ayudarlos.

Respetuosamente,

Letter to Head of Volunteer Group

Dear _____:

We need your help and your organization's help!

There are many preschool handicapped children who are not receiving services or are not enrolled in programs. In many cases, parents may be unaware that their child has a handicap.

Child Find, a statewide program conducted by local school districts, is an attempt at locating and identifying these handicapped youngsters. If we can find them, we can help them - with free screening, free programs, and free professional guidance.

Organizations, associations, business firms and agencies will play an important part in the success of the Child Find project through the efforts of their members and employees.

We invite you, or a representative, to participate as a member of the Child Find Committee. We believe your involvement, suggestions, and ideas could be very helpful. Responsibilities will not involve a great deal of time. Various groups will be able to help in different ways.

There are some organizations and firms whose representatives and employees have many opportunities to come in contact with the children who might be helped. Other organizations can help by telling the citizens about the objectives of Child Find.

You will be able to determine how you can best participate. We will be very happy to discuss the possibilities with you in greater detail.

I have enclosed a response form for you to indicate some of the ways in which you or your group would like to participate.

May we hear from you at your earliest convenience? If you have questions, please telephone me at _____.

Thank you.

Sincerely,

Reply Form from Volunteer Group

Child Find

_____ (address)

- () Our organization will be able to assist in Child Find as indicated below.
- () We accept the invitation to have a representative on the local Child Find Advisory Committee.

The representative will be:

Name _____ Title _____

Home address _____

Home phone _____ Work phone _____

- () Please send us an information release describing the Child Find program. We will use this as the basis for an article in our organization's newsletter/bulletin.
- () We would like to discuss having a Child Find speaker appear before our group. Please call _____ at _____ to discuss time, place, and type of presentation.
- () We would like to distribute a copy of the Child Find brochure to each member/employee. We will need _____ copies.

(Signed) _____

Title _____

Firm/Organization _____

Address and Zip _____

Phone _____

TALK FOR CHILD FIND SPEAKER

Note: This talk has been prepared as an aid to Child Find speakers making presentations and seeking the active interest and support of local clubs, organizations and groups of all kinds. It has been designed to permit easy additions and changes for localization and to meet the specific requirements of the audience.

People are different. This is a very good thing. Wouldn't it be a dreary world indeed if we all looked alike, acted alike, said the same things, and thought the same things?

Men and women are different. In fact, the French say very joyfully, "Vive la difference!"

We are tall, short, fat, skinny, brown, white, black, big-footed and little-footed. Sometimes we think very little about these differences, especially when the differences are not our own.

Take left-handedness, for example. When is the last time you remember anyone saying, "Gee, it's too bad we're not all right-handed?" The truth of the matter is that most of the time we simply ignore left-handedness. There is a company in California which sells articles made especially for left-handed individuals - things like scissors, which ordinarily are made for a right-handed person. Did you realize that?

This company's catalogue lists 125 different items which are manufactured for the left-handed minority - because the right-handed majority has simply refused to recognize that not everyone is right-handed.

I'm here to talk with you about other differences in people, young people particularly. I also have some good news for you. And I'm going to tell you how you can help me create more good news - especially for the friends and neighbors in our school district and community.

In New Jersey we're making a great deal of progress in the area of special education. We have the know-how to do more for more children than ever before, and it is the policy of our state and of our nation to do as much as we possibly can to provide each individual with an education which meets his particular learning needs.

Not long ago we used to think that the education of those with handicaps was a matter of charity. Not until the present century was there any general effort by school officials or the lawmakers to provide an education which would meet the specific needs of those with handicaps.

Nearly all states now have laws requiring special education for children with many kinds of handicaps. In New Jersey we have been developing special education for over 100 years.

In view of this long record of interest in special education, it would be easy to conclude that we have reached most of our goals.

But this is not necessarily so.

How many children are there in New Jersey who are eligible for special education services, but are not receiving them?

The answer is that we really don't know how many. There are many preschool children in New Jersey with handicaps who are not enrolled in programs or who have not even been identified as handicapped.

And this is true all over the country. No one is really sure how many preschool children have handicaps. In addition, there could be as many as three and one-half million of these very special children who are in school and who have not even been identified as handicapped.

Before it is possible for us - all of us - to serve these children with the kind of education which each one requires, we are going to have to locate and identify them. We are going to have to join together to find them in order to help them.

We're talking about what might be a door-to-door survey. Or an intensive media campaign. Or the combined efforts of many volunteer groups. Because not until we know who the child is, where the child is, and the exact nature of the handicap, will we be able to use our educational know-how to develop the particular program which is required.

Unless we know who needs what kind of program, and how many youngsters may be involved, we are wasting time, money, and young human lives.

So we search to find these children. Because if we can find them, we can help them.

And so I'm very pleased to invite your group - and each one of you as an individual - to join Child Find. Let me assure you that your help is needed. I'll give you the details right now.

First I'll explain the Child Find procedures which will be followed. Our task first is to identify any individual, but particularly a preschooler, who may have a handicap but is not receiving services.

The identification, first of all, can be made by a parent or another adult who knows a child with a possible handicap. A phone call or letter to the local school district about a preschool child who may have a physical, mental, or emotional difficulty will provide the child with an appointment for a free screening. This screening will generally identify the educational, and related needs of the child, and may be followed by a more comprehensive diagnosis called an

assessment.

If the child is found to have a special learning problem, educational programs, services and professional guidance are available at no cost. The programs and services will be tailored to meet the needs of the particular child.

Throughout the process, the parents of the child are directly involved in decision-making for the child, and all information between school and parents is strictly confidential.

Despite all of the progress which has been, and is being made in medicine, therapy and special education, we don't have solutions for every type of learning problem. False hopes must not be raised. However, Child Find will help us learn the full story of what must yet be done. It will benefit many, many children who are with us today as well as many more who are yet unborn.

The effort which we will share through Child Find will help us to learn more, do more, and accomplish more.

We have many fellow participants. Throughout New Jersey, members of state agencies and professional youth, service, and welfare organizations have contributed their help, time and know-how. Child Find is being conducted in each community throughout the state.

Your group can play a very important part in Child Find. I hope that you will use whatever communication method you have to inform each one of your members about the project, and will aid us through your activities and programs.

We would appreciate having your formal resolution of support.

We have brochures and other printed materials which you might like to help us distribute, both within your group and to other groups. As part of Child Find, your members can help handicapped preschoolers by telling others how to report or by contacting the school directly about a child in need.

Child Find is one of those rare projects which permits all of us to get together and work together for the benefit of our community, our state, our country, and, most of all, for the benefit of New Jersey's children with special needs.

Sample Flyer



your school district is looking for some very special children

Do you have or know of a preschool-age child with a physical, mental, or emotional difficulty? Your school's Child Find can help ----- with a free screening and special educational programs.

School _____

Person to Contact _____

Have the child's parents contact the school today. If we can find these youngsters, we can help them.

Phone _____ Hours _____

START		
☐ CHILD FIND NUMBER ESTABLISHED		
☐ STAFF MEMBERS GIVEN BRIEFINGS		
☐ VOLUNTEER GROUPS CONTACTED	☐ COMMUNITY NEWSLETTER	☐ MEDIA CONTACTED
		☐ FLYER/ BROCHURE
		☐ DOOR-TO-DOOR SURVEY
		CHILD FOUND

IT'S YOUR MOVE!

This "how-to" kit was prepared for the New Jersey State Department of Education by the Educational Improvement Center-South Jersey region.

GUIDELINES FOR PROJECT CHILD FIND
INTAKE AND SCREENING

Submitted by:

Julie Kratchman
Supervisor
Project Child Find
August 1980

A. Intake

1. The 800 number "Child Find" operator will receive statewide calls.
2. The operator will obtain the pertinent information from the person calling --name of person, relation to the child, address, telephone, age of child, and problem area.
3. The Supervisor will follow up the referral by contacting the parents and the county screening center by letter or phone to schedule the child for screening.
4. Parents will be informed, by the Supervisor, that they will be contacted by the screening center within ten days.

B. Screening Referral

1. The referral will be sent to the county screening center within 48 hours.
2. The screening center will receive a referral form and the yellow copy of the intake form, which contains pertinent information regarding the child.

C. County Screening Team Procedures

1. Upon receipt of the referral, a screening team member will contact the parents by phone or letter within one week to schedule a screening appointment. Should immediate scheduling arrangements not be feasible, the parent will be notified by the team within one week to confirm their receipt of the referral. At that time, the parent should be given an approximate date for the screening.
2. Screening will be completed within 10 days of the parental contact.
3. One person on the team should be designated as the contact person. That person will see to the overall management of the screening effort from start to finish.
4. The screening team will follow procedures outlined in the manual, "Screening Children Ages 3-5." With a few exceptions, all components of the screening will be administered to each child.
5. Within 48 hours of completion of screening, a registration form, screening record and gross motor test record will be completed for each child and will be sent to the Supervisor, Project Child Find. It is important that screening results be comprehensive and that the parents sign the registration form since this becomes the release form and permission for additional assessment. Upon completion of the screening, one member of the team will share the results with the parents and inform them of the follow-up procedures.

6. Children requiring audiometric rescreening as a result of failure to respond to a 20dB signal at any one frequency in either ear should be rescreened, preferably within the same session in which they failed, but definitely within one week after the initial screening. A child failing initial impedance screening should be scheduled for a retest between 4 and 12 weeks following the initial measurement. Failures on rescreening should be referred to the Supervisor, Project Child Find, for follow-up evaluation.

D. Follow-up After Screening

1. Follow-up procedures for children failing any component of the screening will be arranged by the Supervisor, Project Child Find, upon receipt of the screening results.
2. Following screening, a child may be:
 - a. referred directly to a College Assessment Center (Glassboro State College, Trenton State College, Kean College, William Paterson College) for diagnostic assessment. Diagnostic assessment may include a speech and language evaluation, psychological evaluation, neurological evaluation, etc.
 - b. referred to a specialized community clinic for services.
 - c. referred to other appropriate state, county or local agency for services.
 - d. referred to a program for placement.
3. Upon receipt of the screening results, the Supervisor, Project Child Find, will contact the parents within 48 hours regarding follow-up procedures.
4. A referral, including the intake form, registration and screening records, will be sent to the appropriate agency or center after contacting the parents.
5. Should the need for program placement be evident as a result of the screening, the Supervisor, Project Child Find, in cooperation with the Consultants, Preschool Handicapped Programs, will implement program placement procedures at once in conjunction with follow-up assessment.

E. Training and Equipment

1. The person administering the screening in each developmental area should be:
 - a. Language - a trained speech/language person
 - b. Hearing - someone trained in the use of the impedance bridge and puretone audiometer

- c. Motor - someone trained in administering the motor screening
- d. Vision - someone trained in administering the vision screening
- 2. Three regional meetings will be conducted for county screening teams. Attendance at scheduled meetings by a team representative is required to continue as an approved county screening team. Training needs will be discussed.
- 3. Screening teams in need of staff training should contact the Consultant, Preschool Handicapped Programs, to schedule training.
- 4. Equipment requiring calibration must be serviced yearly. Verification of service should be sent to the Supervisor, Project Child Find.

F. Other

- 1. Screening team contact persons will inform the Supervisor, Project Child Find, of time periods (vacations, summer) during the year when they know they will not be scheduling appointments.
- 2. County screening teams will submit monthly report forms (to be provided by the Supervisor) stating number of children referred, number of children screened, number of cancellations/no shows and number of pending cases. The monthly reports will eliminate the need for annual reports.
- 3. County screening teams may be asked to participate in local district awareness of Child Find procedures using the recently developed screening training media.

SCREENING CHILDREN AGES

3

5



New Jersey Department of Education

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NEW JERSEY DEPARTMENT OF EDUCATION

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Preschool Programs for Handicapped	
Consultant	Paquita Roberts
Preschool Programs for Handicapped	

ACKNOWLEDGEMENTS

Recognition is extended to the State of New Jersey for providing a special appropriation of funds for pilot pre-school projects. The extent to which the projects have grown would not have been possible without the assistance of federal funds. The response of local school districts, both public and private, has been most valuable and encouraging.

My thanks to all those who made this plan a reality.

Paul Porado, Director
Bureau of Program Development
and Special Projects

Supported By
Bureau of Education for the Handicapped
G - 007 - 701 - 398

These materials were developed pursuant to a grant from the Office of Education, U.S. Department of Health, Education and Welfare. Points of view or opinions do not necessarily represent official Office of Education policy or position.

Sincere appreciation is extended to the consultants who have guided the development of the screening instrument from its inception.

A special note of thanks is due to members of the pilot screening teams in the four regional centers (Montclair, Bernards Township, Ewing Township, and Corbin City) for their diligence in implementing and evaluating the materials.

We are grateful to the Parent Trainers for facilitating the screening program and for their services to the children and the parents.

We thank the committee members for their support and cooperation.

We are also appreciative of the professional help and direction provided by the New Jersey Speech and Hearing Association.

Vincentz Cianci, Coordinator (1973-1979)
Preschool Programs for Handicapped

BACKGROUND

The Bureau of Special Education and Pupil Personnel Services, in compliance with federal statute, instituted Project Child Find in the 1975-76 school year. The purpose of Child Find is to identify children, birth through 20, with suspected mental, physical or behavioral problems. Project Child Find's major vehicle of identifying such children is a toll-free number (800-322-8174). School-age children are referred to the appropriate county child study supervisor who works directly with the parent and the local school district to acquire needed services for the pupil. Preschool children are referred for screening, evaluation and possible placement in state or federally funded preschool projects for the handicapped.

This packet has been developed to meet the need for follow-up services for those children, ages 3-5, who are located and referred through Child Find.

The Coordinator of Preschool Programs for the Handicapped invited a planning team to assist with the development of this screening package. Included were professionals from the fields of vision, hearing, language and motor movement. State and local special education staff assisted the committee.

Initially, four regional centers were designated as pilot screening sites and the screening teams were made up of Child Study Team members who had experience with pre-kindergarten handicapped children. These professionals participated in the pre-training, implementation and evaluation of the screening instrument. The screening teams who participated in the pilot programs have been prepared to assist with the state-wide training of personnel in county screening centers.

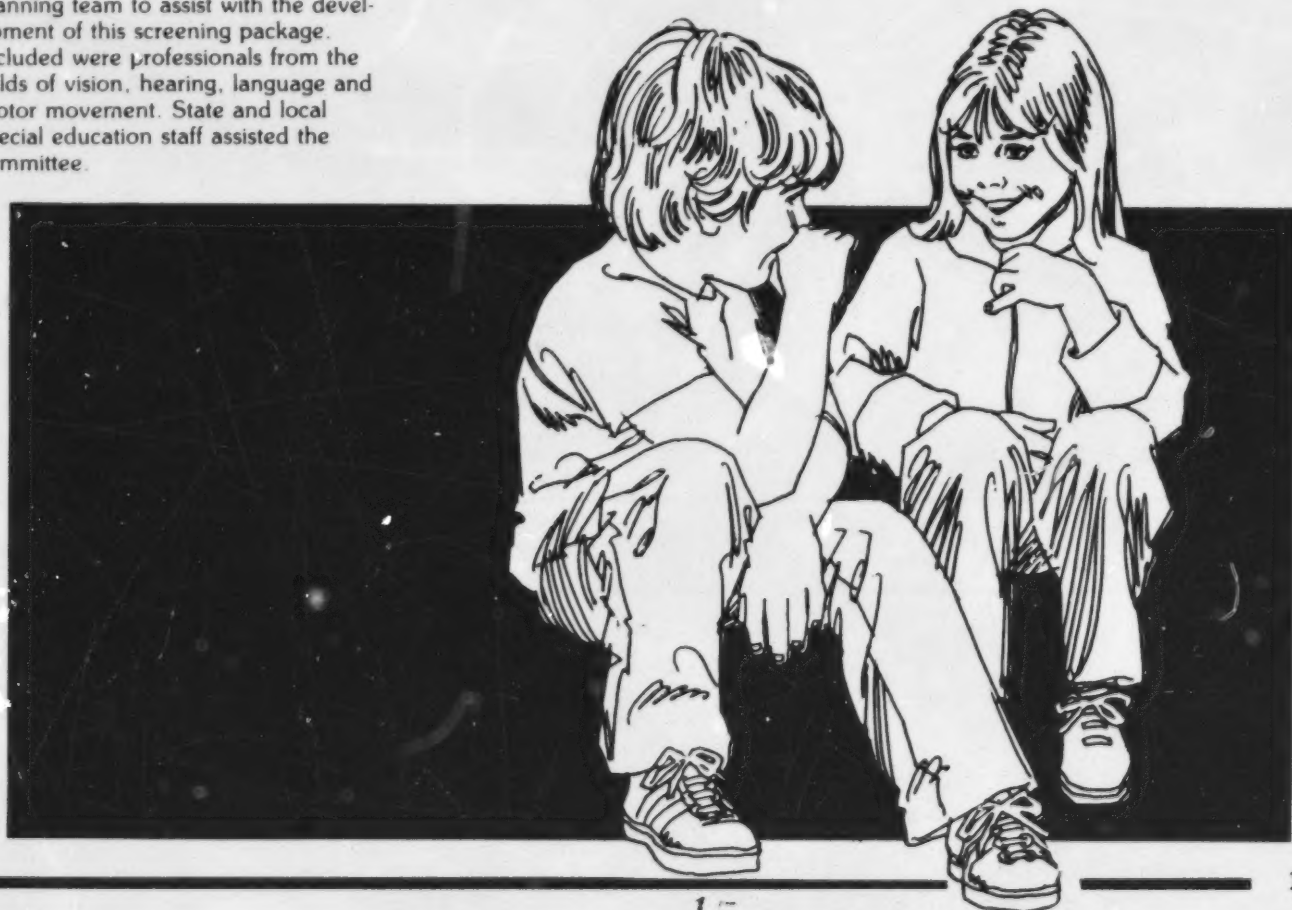
At present, there are 21 operative screening centers located throughout the State.

Child Find Procedures for using the State toll-free number:

- 1) The 800 number "Child Find" operator will receive the calls from all parts of the State.
- 2) The operator will obtain the pertinent information from the person calling—name of person,

relation to the child, address, telephone and age of child.

- 3) The Supervisor, Project Child Find, will follow-up the referral by contacting the parents and the county screening center by letter or phone to schedule children for screening.



INTRODUCTION TO SCREENING

Screening is considered a measurement activity which identifies those children from whom more sophisticated diagnostic information is needed. Although screening may provide a source of valuable information about developmental levels of children, it only identifies children with **possible** problems.

Preschool screening is not to be considered diagnostic and is not a substitute for a complete assessment. In the New Jersey plan, children suspected of having possible impairments will be referred to the most appropriate community resource for further evaluation.

Screening Instruments and Approaches

In screening children with possible problems, the instruments should be standardized. According to Lillie,¹ "The major purpose of screening . . . is to sort out those children from the general population who need further study . . . dictates the use of measurement devices that compare that child with the general population." In addition, procedure must be administered in a prescribed manner to assure accurate comparison to the general population.

¹David L. Lillie, **Screening**, Institute for Technical Assistance, Chapel Hill, N.C. 27514

Follow-Up After Screening

Following screening, a child may be:

1. Referred directly to a College Assessment Center for diagnostic assessment.
2. Referred to a specialized community clinic for services.
3. Referred to other appropriate state, county or local agency for services.
4. Referred to a program for placement.

Developmental Areas To Be Screened

The specific areas to be screened are:

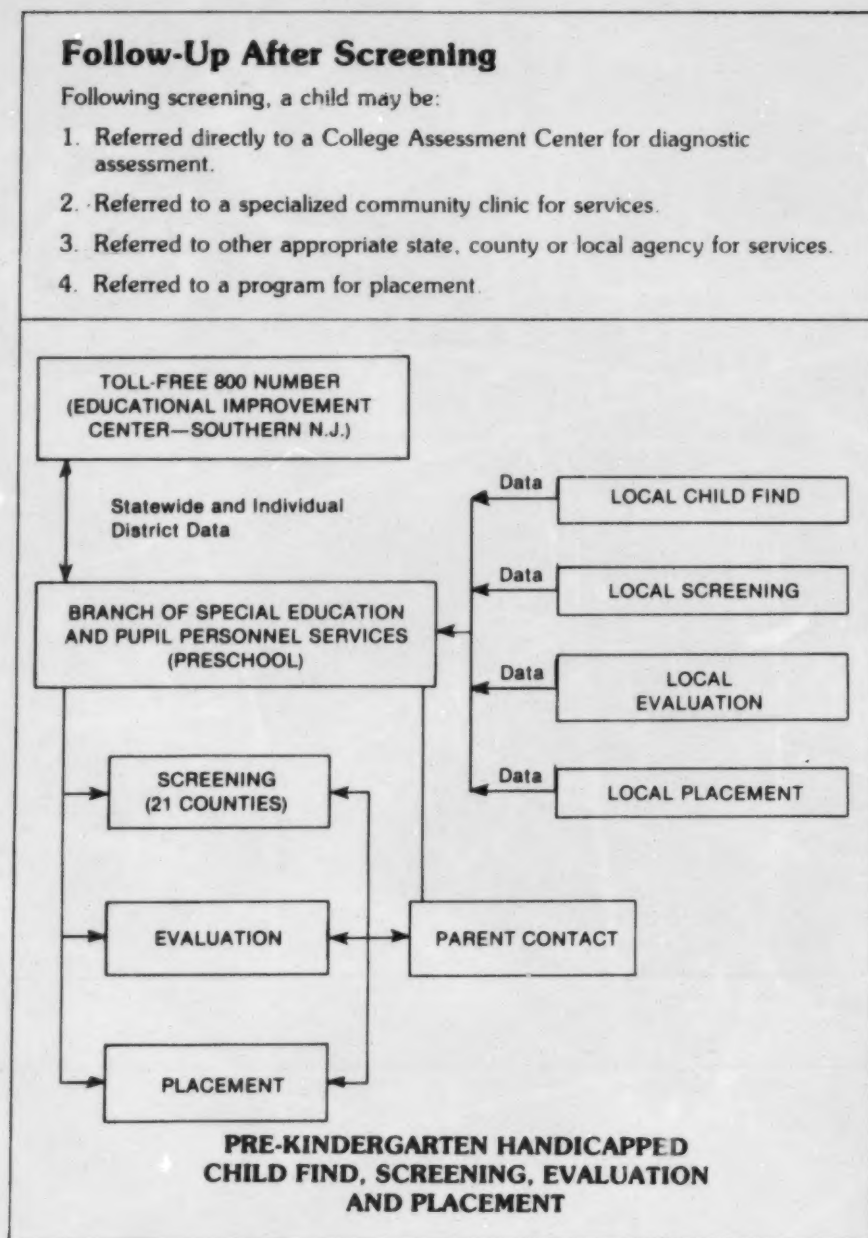
1. Speech/Language
2. Hearing
3. Vision
4. Motor

Conducting the Screening

Flexibility is important in both the order in which tests are given and the way in which they are administered.

It is important that the people supervising the screening spend some time getting acquainted with each child, so they can get a feel for the developmental area which should be tested first. For instance, with a very active child it is sometimes useful to administer the motor screening first to reduce some of the child's energy.

It is suggested throughout the screening that each child be tested **below** the level at which you expect him/her to perform adequately. This will allow the child to experience a level of success and will increase his/her self-confidence.





Administration

The person administering the screening in each developmental area should be:

1. Language—a trained speech/language person
2. Hearing—someone trained in the use of the impedance bridge and pure-tone audiometer
3. Motor—someone trained in administering the motor screening
4. Vision—someone trained in administering the vision screening

Screening Facilities

It is recommended that there be sufficient space to administer the complete screening procedures as developed. This will require:

1. A section or room ten feet or over to do the vision and the motor sections of the screening.
2. A quiet area reserved for hearing and language screening, preferably an inside room.
3. Space where the parents can be interviewed privately and where screening results can be shared.

4. A section equipped with play materials and equipment of interest to children 3-5 years of age. In case of large numbers of children, provision should be made for adult supervision while children are awaiting screening appointment. (This person can be a volunteer.) Refreshments for children and parents should be provided. This may include coffee, tea, juice, fruit, etc.

Scheduling

Scheduling should be based upon the number of children who will be seen for screening in any given day. Overcrowding and long waiting periods should be avoided since this may affect the child's performance.

Organization of Screening

At each screening center, one person on the team should be designated as the contact person. That person will see to the overall management of the screening effort from start to finish.

Each station should be labeled and the area designated where each member of the screening team will work.

Forms

1. The **registration form** provides a short summary on background information as well as important identifying information. It is important that the parents sign the registration form since this becomes the release form and permission for additional assessment.
2. The **screening record** is completed by each screener and accompanies the child to the next station. Upon completion of the screening, one member of the team shares the results with the parents.
3. The **gross motor test record** provides a screening profile of the child's motor performance.

Equipment Needed for Screening

*Ordering information for starred items can be found on page 13.

Hearing

Puretone Audiometer
Impedance Bridge
Otoscope

Vision

Translucent Eye Chart*
Symbol Visual Acuity Card*
+ 1.75 Sphere Lenses*
Worth 4-Dot Flashlight*
Red and Green Lenses
Penlights*
Tongue blade
Two sharpened pencils
Masking tape
Measuring tape (20 ft.)
Paper Occluders (1 for each child)

Speech and Language

Preschool Language Scale—
Revised Edition* (manual,
picture book, test protocols)
Twelve 1" color blocks
Small piece of sandpaper
Variety of coins
Stop watch or watch with
second hand

Motor

Masking tape
Measuring tape
Ball—5" diameter
Ball—8½" diameter
Watch with second hand

HEARING

Purpose

Hearing screening is an efficient way to identify children who may have hearing impairments which could interfere with communication or which could be symptomatic of ear disease. Screening is not an examination, evaluation, or a diagnostic procedure; it is a procedure used merely to identify those individuals who will need more elaborate testing. Early identification of hearing impairment followed by appropriate intervention can prevent serious mental, educational, psychological and social problems. Routine periodic hearing screening for young children is essential. Even mild temporary hearing loss during the period from birth through school age has been shown to have an adverse effect on language acquisition and learning. These effects are not easily overcome.

Testing Environment

Arrange to have as little noise-producing activity as possible during the hearing screening, however, no special acoustic environment is required. If prior preparations are made

the screening will take less time to complete.

The room should be selected for its quietness. This can be done by checking your own hearing in the room* where the screening will be done. The room is too noisy for screening if a normal-hearing adult cannot hear the frequencies of 500, 1000, 2000, 3000 and 4000 Hz at 20 dB re: American National Standards Institute (ANSI) 1969 reference levels. These tones should be audible with both earphones in place.

Selecting the proper room is important. There is no substitute for a quiet testing environment. Large sound-attenuating circumaural earphone assemblies (Auraldomes and Octocups, for example) should not be used. They do not eliminate the need for a quiet test environment, they cannot be calibrated accurately, and they are awkward for small children.

Tester

The tester for both pure tone screening and impedance measurement screening is:

- 1) An audiologist,
- 2) A speech pathologist with appropriate training in audiology, or
- 3) An individual who has successfully completed a hearing screening training program conducted by an audiologist. The training program shall include practicum as well as lecture and demonstration sessions.

Equipment Needed

- 1) Puretone Audiometer
- 2) Impedance Bridge
- 3) Otoscope

AUDIOMETRIC SCREENING

Instrumentation — Calibration

Audiometers used for screening purposes should meet the ANSI-1969 requirements. An individual pure-tone audiometer should be utilized with a set of calibrated earphones mounted in MX 41/AR muffs.

Professional calibration to ANSI-1969 specifications should occur regularly, at least once every year. Prior to each screening session, however, a listening check should be performed by the tester to determine that the audiometer is grossly in calibration and that no defects exist in major components.

Procedures for Screening

1. Preparations

Connect the audiometer to an electrical outlet in the room selected for the screening. Turn audiometer on and allow it to warm up for at least ten minutes before the screening. Be certain that the equipment is working by checking your own hearing at 20 dB at each test frequency, with each earphone.

Screening shall be conducted at 20 dB at frequencies of 500, 1000, 2000, 3000 and 4000 Hz, in each ear.



HEARING

Impedance Test: Pass _____ Fall _____

Audiometric Screening:

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz
Right	_____	_____	_____	_____	_____
Left	_____	_____	_____	_____	_____

No Problem: _____ Problem: _____

Needs Follow-up _____

Comments: _____

_____ Signed _____

2. Placing the headphones

The headphones should be placed so that the red phone is on the right ear and the blue phone is on the left ear, making certain that the center of each earphone is over the external canal and that no obstacles (hair, glasses, earrings, etc.) impede proper placement.

3. Conducting the screening (Although these procedures are subdivided to deal with the age categories of 3-5 and 5 and older, this is not meant as a rigid rule. It should be understood that some children in the older group may have to be tested utilizing the procedures outlined for the younger children.)

A. Infants and Preschoolers (0-3 years)

Most children under the age of three years have not matured sufficiently to participate in routine hearing screening with the use of earphones. Therefore, such children should be referred directly to audiology centers.

B. Prekindergarten Children (3-5 years)

Play audiometry techniques will probably be necessary for screening children in this age category. Play audiometry involves teaching children to respond to auditory stimuli with play activity (i.e., throwing a block into a box). Since the developmental levels of children in this age category may vary considerably, different techniques may be needed for screening different children. Play audiometry techniques are best acquired in hearing screening training programs.

C. Individuals 5 Years and Older

Instruct the individual to raise a hand or indicate in some other manner as soon as he or she hears the tone. Which hand is raised is not important. Do not ask in which ear tone is heard. Emphasize that the response is to be made as soon as the stimulus is heard. Demonstrate.

4. Presentation of tones

Begin testing in the right ear. Set the frequency dial to 1000 Hz and the hearing level dial at 50 dB. Using the interrupter switch, present the tone briefly (1-2 seconds). After the individual responds, turn the hearing level dial to 40 dB and present this tone briefly. After a response, turn the hearing level dial to 20 dB. Present the tone briefly and note whether or not there is a response.

LEAVE THE HEARING LEVEL DIAL SET AT 20 dB FOR THE REST OF THE TEST.

Change the frequency dial to 2000 Hz and present this tone, noting whether or not there is a response. Repeat this procedure at 3000 Hz, at 4000 Hz, again at 1000 Hz, and then at 500 Hz. After all five frequencies (500, 1000, 2000, 3000 and 4000 Hz) have been tested in the right ear, repeat the procedure in the left ear.



5. Failures

Failure to respond to a 20 dB signal at any one frequency in either ear constitutes a failure. All children with failures should be re-screened preferably within the same session in which they failed, but definitely within one week after the initial screening. Removing and repositioning the phones, along with careful reinstructions, markedly reduced the number of failures. To verify the presence of a hearing loss, failures on rescreening should be referred for an audiologic evaluation by an audiologist.

6. Results

Results (pass or fail) should be recorded immediately on an appropriate record form.

IMPEDANCE MEASUREMENT

Impedance measurement is a technique for screening of middle ear function. The incidence of middle ear pathology in handicapped preschool children is known to be greater than in the general preschool population.² Data obtained from impedance measurements can, therefore, be useful in the early detection of middle ear pathology in these children and can lead to earlier medical management, where appropriate.

²International Symposium on Impedance Screening for Children. Sponsored by: Division of Hearing and Speech Sciences, Vanderbilt University School of Medicine, June, 1977.

Instrumentation

Instrumentation used for impedance screening should have provisions for:

- 1) Tympanometry and Acoustic Reflex Measurement
- 2) 220 Hz probe tone
- 3) Pump speed as recommended by ANSI
- 4) Pressure range from +100 to -300 or -400 mmH₂O

Procedures for Using a Screening Impedance Bridge:

- 1) Make certain that the child is comfortable, either standing or sitting.
- 2) Inspect each ear, using an appropriate light source, to be certain that the canal is not blocked by cerumen or debris and that the tympanic membrane is intact.
- 3) Select an appropriate, clean probe tip and place on probe.
- 4) Place probe tip securely into opening of external ear canal, making certain that seal has been obtained.
- 5) Follow procedures described in manual for initiating test.
- 6) Following completion of test, repeat in other ear.

Failures:

A failure consists of:

- (a) absent reflex
- (b) flat tympanogram, or
- (c) peak compliance at -200 mmH₂O or less.

A person failing initial impedance screening is scheduled for a retest between 4 and 12 weeks following the initial measurement. If there is a failure on the re-test, refer for audiologic evaluation or medical examination, as is appropriate.

Purpose

The primary purpose of vision screening is to detect the presence of visual problems in young children between the ages of three and five. Preschool vision screening programs will identify children who may benefit from corrective lenses, who may have a muscle imbalance, amblyopia, strabismus (crossed eye), or no fusion. Many of these problems can be corrected if identified early.

Because many symptoms related to vision indicate conditions in the pre-kindergarten child that may affect the child's ability to distinguish symbols or letters, the visual acuity test is considered basic to any effective vision screening program.

Tester

The tester can be anyone trained in administering the vision screening.

Equipment

- a. #600 Model A Translucent Eye Chart 110V* or Snellen E Chart with practice E*

- b. Symbol Visual Acuity Card 9 x 14 inches*
- c. (Plus) + 1.75 Sphere Lenses—clip-on type*
- d. Worth 4-Dot Flashlight—Red and Green Lenses*
- e. Penlights*
- f. Picture on tongue blade
- g. Two sharpened pencils
- h. Masking tape
- i. Measuring tape (20 feet)
- j. Construction paper occluders (one for each child)

*Ordering information for items which have an asterisk may be found on page 13.

Procedure for Screening with E Chart

The vision screening machine or chart should be set up at the child's eye level, ten or twenty feet from where the child will stand. The child is then asked to identify the symbols in the following sequence:

- a. 20/100 line with both eyes
- b. critical line with both eyes (see below)
- c. critical line with right eye
- d. critical line with left eye

Critical Lines

Use 20/50 line if child is 3 years old
Use 20/40 line if child is 4 years old
Use 20/30 line if child is 5 years old
Use 20/20 line if child is 6 or 7 years old

Screening Procedure With Child

1. Have child stand or sit facing vision screen at ten or twenty foot line. Prescribed distance to be used will be noted on vision screening chart.
2. If child is wearing glasses, leave them on when screening and mark card accordingly.
3. Instruct the child to read 20/100 with both eyes open.
4. With a paper occluder, cover the left eye and have the child read the critical line with the left eye.
5. Occlude the right eye and have the child read the critical line with the left eye.
6. Record results from ten or twenty foot line, whichever is used, on summary sheet.

VISION

Visual Acuity:

Both eyes 20/_____

Pass _____

Fail _____

Right eye 20/_____

Pass _____

Fail _____

Left eye 20/_____

Pass _____

Fail _____

Hyperopia Test:

Pass _____

Fail _____

*Worth 4-Dot Test:

Pass _____

Fail _____

*Hirshberg Test:

Pass _____

Fail _____

*Near Point of Covergence:

Pass _____

Fail _____

*Depth Perception:

Pass _____

Fail _____

Screened with glasses _____

Possible muscle imbalance _____

Symptoms observed _____

No Problem: _____ Problem: _____

Needs Follow-Up: _____

Comments: _____

_____ Signed _____

GUIDELINES FOR VISUAL SCREENING

Tests	Materials	Procedure	Objectives	Criteria for Referral
Visual Acuity Test	Goodlite or Snellen Chart and hand cards	Refer to Procedure Manual	Evaluate Visual Acuity	Two or more letters missed on critical line
Hyperopia Test (far sighted)	Plus Lenses (Convex)	After determining visual acuity—the child is asked to look through lenses and read critical line	To screen for far sightedness	If a child is able to read critical line with lenses in place
*Worth 4 Dot Test	Flashlight with 4 Dots/ Red-Green Lenses	1. Hold lenses so that red filter is in front of right eye, green filter in front of left eye 2. Hold lighted flashlight 3 feet from child at eye level	Amblyopia, Diplopia (double vision), Suppression	With both eyes open, if child gives any answer other than 4 lights, (for example, 3 green, 2 red, or 5 lights)
*Near Point of Convergence	Small target ½" size	Bring ½ inch target directly in toward nose	Latent Muscle Problems	If both eyes do not follow the target closer than eight inches
*Depth Perception	Two (2) pencils sharpened	1. Hold 1 pencil horizontally at child's eye level 2. Allow child to use preferred hand. 3. Ask child to touch screener's pencil point with his pencil point	Gross Depth Perception	If point of contact is missed by more than ½ inch.
*Hirshberg Test	Penlight	Hold penlight 13 inches from bridge of nose. Light reflex should be visualized in near center of each pupil.	Strabismus (crossed eyes)	Reflex off center in one eye (indicate which eye)

*Any two of these tests missed indicates need for referral.

Criteria for Referral of Children for Acuity Failures

Two or more missed symbols on critical line with both eyes together or right or left eye separately is cause for referral for a thorough eye examination. Ocular symptoms which also indicate need for follow-up include the following:

1. rubs eye excessively
2. shuts or covers one eye
3. tilts head to one side
4. blinks more than usual
5. holds materials close to eyes
6. squints or frowns
7. crossed eyes
8. red rimmed or encrusted or swollen eyelids
9. inflamed or watery eyes
10. recurring styes

If the child is unable to understand or perform the visual acuity test, referral should be made to appropriate practitioner.

The additional screening procedures outlined in the following guidelines are

for the purpose of identifying possible motility and fusion problems.

Hyperopia Test—Young children can mask far sightedness. Plus lenses are used to neutralize the far sightedness that may be present. If the child is not hyperopic (far sighted) the critical line he has just read without plus lenses will be blurred. If the child is far sighted, he will be able to read the critical line as well as he could without glasses.

Worth 4 Dot—The red/green glasses permit the tester to determine whether the child is able to use both eyes together and whether he can fuse the images. When the red glass is before the right eye, that eye sees only the red lights in the flashlight. The eye covered by the green lens sees only green. Both eyes see the white light, which can be reported as either red or green. The answers then can be:

3 green—(eye covered by red lens suppressed)

2 red—(eye covered by green lens suppressed)

*4 lights—2 red, 2 green or 3 green, 1 red (fusion)

5 lights—3 green and 2 red (diplopia or double vision)*

*Any answer other than 4 lights is considered a failure.

Near Point of Convergence (N.P.C.)—A small picture or letter can be applied to a tongue blade. The picture should be about ½ inch in size. This target is brought into nose gradually from about 13 inches. The tester watches the convergent movement of the child's eyes. At some point the child may not be able to converge further and one eye will diverge. If the child cannot converge to 8" from the nose, that is considered a failure.

Hirshberg Test—The object of this test is to discover strabismus. The light reflex of the penlight, held 13 inches away at eye level, should be in the same place (near center of pupil) in both eyes. This test is done last because of afterimages caused by bright light.

Purpose

The purpose of motor screening is to identify those children who may need further assessment in order to determine motor deficits.

In the area of motor development and performance, there is valid research which substantiates motor performance of infants with intellectual level, in particular the work of Gesell and Ilg. Their research shows that motor performance may reveal underlying developmental disabilities beyond the obvious motor disabilities.

The level of motor development is determined by the child's ability to perform several basic large muscle activities, such as jumping, bouncing, walking and kicking. Therefore, the children who fail these activities are atypical of their chronological age peers in motor development and may be identified as having a motor deficit.

This motor screening device has drawn heavily from existing development scales.

The tasks should be easily accomplished by the age to the left of them. Failure, therefore, denotes some type of motor lag.

Tester

The person administering the motor screening can be anyone trained in administering the task.

Equipment Needed

- 1) Masking tape
- 2) One ball 5" in diameter; one ball 8 1/2" in diameter
- 3) Measuring tape
- 4) Watch with second hand

MOTOR

Put P or F on end of line completed. Use the guide on motor screening started two tests before the chronological age. If two tests in a row are failed, it may be considered an indication of a problem.

Age	2.0	2.6	3.0	3.6	4.0	4.6	5.0
1. Walk forward in straight line							
2. Kick a ball with either foot							
3. Walk on toes for 8 feet .							
4. Balance on one foot ...							
5. Balance on other foot ..							
6. Jump up with both feet in the air							
7. Walk on heels eight feet							
8. With one hand bounce ball at least three times							
9. With both feet together jump forward at least eight inches							
10. Throw the ball at least eight feet							
11. Catch ball 2 of 3 times with elbows bent and in front of body							
12. Hop on one foot at least 2 times							
13. Hop on other foot at least 2 times.							
14. Throw a small rubber ball at least 12 feet							

No Problem: _____ Problem: _____

Needs Follow-Up: _____

Comments: _____

Signed _____

GUIDELINES FOR MOTOR SCREENING

NOTE:

1. If necessary, demonstrate the activity requested.
2. The tasks should be easily accomplished by the age to the left of them. Failure, therefore, denotes some type of motor lag.

AGE	TASKS	MATERIALS	(INSTRUCTIONS) PROCEDURES	OBJECTIVES	CRITERIA FOR REFERRAL
2 yrs.	Walk forward in straight line (no major deviation in gait and feet within inch or so from tape.)	An 8 ft. length of 2" masking tape taped to floor	•Walk to the end of the tape and return. •Walk the way you always walk.	•Note any gross deviations in gait. •Screen for any balance problem.	•Does not swing arms in reciprocal movement with legs. •Has broad base exceeding 6". •Moves more than 6" from either side of tape.
2½ yrs.	Kick a ball with either foot so that ball moves forward and balance is maintained.	A ball 8½" in diameter	•Kick the ball.	•Propel ball by kicking. •Maintain balance.	•Cannot swing leg (kick) and maintain balance. •Does not make contact with ball.
3 yrs.	Walk on toes eight feet forward in a straight line.			•Maintain (plantar flexion) position on toes while walking.	•Unable to walk on toes. •Unable to maintain balance when walking on toes.
3 yrs.	Balance on one foot (3 sec.) Balance on other (3 sec.)	Watch with second hand	•Stand on one foot. •Now stand on other foot.	•One foot balance	•Cannot keep one foot off ground for at least 3 seconds.
3 yrs.	Jump up, with both feet in the air.		•Using both feet together, jump up so both feet are off the ground.	•Sufficient strength and coordination to thrust body up and off the ground.	•Cannot get both feet off the ground.
3½ yrs.	With one hand, bounce ball at least 3 times.	Small rubber ball 5" in diameter	•Bounce the ball with your hand open. Do not catch it.	•Coordination, rhythm	•Misses ball. •Irregular height bounce and/or rhythm. •Hand comes way down to ball rather than waiting for it to return, then tapping it.
3½ yrs.	With both feet together, jump forward at least 8 inches.	Measuring tape or ruler	•With both feet together, jump forward as far as you can.	•Strength and coordination.	•Jumps less than 8 inches.
4 yrs.	Throw the ball at least 8 feet.	Small rubber ball 5" in diameter.	•Throw the ball as far as you can.	•Strength, coordination, skill.	•Unable to throw ball 8 feet.
4 yrs.	Catch ball 2 of 3 times with elbows bent and in front of body.	Large rubber ball 8½" in diameter.	•Catch the ball when I throw it to you.	•Hand/eye coordination.	•Unable to catch ball 2 of 3 tries. •Catches with elbows extended (arms straight.)
4½ yrs.	Hop on one foot at least 2 times. Hop on other foot at least 2 times.		•Hop on one foot. •Now hop on the other foot.	•Balance, strength.	•Cannot hop at least 2 times on each foot.
5 yrs.	Throw a small rubber ball at least 12 feet.	Small rubber ball 5" in diameter.	•Throw the ball as far as you can.	•Strength, coordination, skill.	•Throws the ball less than 12 feet.

These tests will yield a problem/no problem concept. Two items failed in succession within the child's chronological age may be considered a problem and child should be referred.

SPEECH AND LANGUAGE

Purpose

Speech and language screening is a quick way (usually 20 minutes or less) to identify children who may have a communication problem. Screening is not an evaluation; it is a procedure used to identify those children who need more thorough diagnostic testing. Since language disabilities are predictive of more generalized learning problems, the need for early identification and intervention cannot be over-emphasized.

Environment

The testing environment should be a relatively quiet area away from distractions that might interfere with the child's ability to focus his or her attention. A bright room with a carpeted floor and a minimum of decoration is preferred. Avoid toy displays, mobiles, and large colorful posters as these might prove more interesting to the child than the test materials.

Tester

The tester should be a trained speech/language person.

Equipment Needed for Screening

1. *Preschool Language Scale: Revised edition* (includes manual, picture book, test protocols), by Zimmerman, Steiner, and Pond, 1979*
2. Twelve 1" cubes (red, yellow, blue, green, orange, and purple)
3. Small piece of coarse sandpaper
4. 1 set of coins: half-dollar, quarter, dime, nickel, penny
5. 1 watch or clock with second hand

*Ordering information for items which have an asterisk may be found on page 13.

VERBAL

Preschool Language Scale

Age: Yrs. _____ Mos. _____

AC Scale: Pass ____ Fail ____ VA Scale: Pass ____ Fail ____

No Problem: _____ Problem: _____

Needs Follow-Up: _____

Comments: _____

_____ Signed _____

Screening Procedures

For screening purposes, the procedures used in scoring the *Preschool Language Scale* have been changed. It is important, therefore, to follow the guidelines below.

Prior to the arrival of the child:

1. Prepare all test materials and the test protocol to save time.
2. Enter the child's C.A. in Months on the Screening Report Form.
3. Calculate Point Score Needed:
 - a. Turn to pages 19-20 in the Manual.
 - b. In column 3 (AC or VA Age Months), find the number closest to the C.A. minus 6 months.
 - c. On the same line, locate the number in column 1 (Base Point Score). This is the number of points this child will need on each Scale to PASS the screening.
 - d. Enter this number on the Screening Report Form in the space "Point Score Needed."

Administration

The purpose of a screening is to establish PASS or FAIL in the shortest possible time. When a problem in speech, language or communication is apparent, the Scale need not be administered. Referral for diagnostic evaluation should be made if a child presents behaviors such as:

1. Poor eye contact
2. Attentional difficulties
3. Limited comprehension of spoken language
4. Drooling
5. Verbal expression clearly below age expectation
6. Unintelligible speech
7. Lack of spontaneous verbalization
8. Bilingualism or bidialectalism

Once the child is comfortable:

1. Begin by administering the section of test items on the AC Scale that is one year below the child's chronological age. For example, if the child is 3 years 7 months, begin testing with Section IV (2½-3 years).
2. If a child fails all 4 items at the beginning level (one year below C.A.), the screening is complete and the child should be referred for diagnostic evaluation.
3. If a child fails some, but not all, of the items at the beginning level, work back in the Scale until the child succeeds in passing all 4 items in one Section (Base Age). Record the Base Age on the Screening Report Form.

CALCULATING POINT SCORE NEEDED TO PASS

Example 1: In this case, a 4 year 5 month old child is to be screened.

1. C.A. in Months = 53
2. Subtract 6 months = 47
3. Point Score needed = 23

(see Preschool Language Scale Manual, page 19, column 1)

Example 2: For a 4 year 5 month old child, testing begins with Section V (3-3½ years).

Recording the BASAL

Section	# Items Passed	Points
I (1-1½ yrs)	_____	_____ (4)
II (1½-2 yrs)	_____	_____ (8)
III (2-2½ yrs)	_____	_____ (12)
IV (2½-3 yrs)	4	16 (16)
→ V (3-3½ yrs)	3	_____ (20)

BASE AGE
(20)

4. After establishing the Base Age, proceed until the child obtains the Point Score Needed. STOP testing when this total is reached or when the child fails all 4 items in any section.

DETERMINING PASS/FAIL

Example 3: Point Score Needed = 23

Section	# Items Passed	Points
I (1-1½ yrs)	_____	_____ (4)
II (1½-2 yrs)	_____	_____ (8)
III (2-2½ yrs)	_____	_____ (12)
IV (2½-3 yrs)	4	16 (16)
V (3-3½ yrs)	3	3 (20)
VI (3½-4 yrs)	2	2 (24)
VII (4-4½ yrs)	1	1 (28)
VIII (4½-5 yrs)	1	1 (32)
IX (5-6 yrs)	_____	x2 _____ (40)
X (6-7 yrs)	_____	x2 _____ (48)
Total		23

PASS! GO TO VA SCALE DETERMINING PASS/FAIL

Example 4: Point Score Needed = 23

Section	# Items Passed	Points
I (1-1½ yrs)	_____	_____ (4)
II (1½-2 yrs)	_____	_____ (8)
III (2-2½ yrs)	_____	_____ (12)
IV (2½-3 yrs)	4	16 (16)
V (3-3½ yrs)	3	3 (20)
VI (3½-4 yrs)	0	0 (24)
VII (4-4½ yrs)	_____	_____ (28)
VIII (4½-5 yrs)	_____	_____ (32)
IX (5-6 yrs)	_____	x2 _____ (40)
X (6-7 yrs)	_____	x2 _____ (48)
Total		19

REFER FOR DIAGNOSTIC EVALUATION

Equipment Needed for Screening

1. Language:

- a. Preschool Language Scale—Revised Edition¹, Zimmerman, Steiner and Pond, 1979. (Consists of manual, picture book and test protocols)
- b. Twelve 1" color blocks—red, yellow, blue, green, orange and purple
- c. 1 small piece of sandpaper
- d. 1 set of coins—half dollar, quarter, dime, nickel, penny
- e. Clock (stop watch) or watch with second hand

2. Hearing:

- a. Puretone Audiometer
- b. Impedance Bridge
- c. Otoscope

3. Motor:

- a. Masking tape
- b. One ball 5" in diameter
One ball 8½" in diameter
- c. Measuring tape
- d. Stop watch or watch with second hand

4. Vision:

- a. #600 Model A Translucent Eye Chart 110V¹ or Snellen E Chart² with Practice E
- b. Symbol Visual Acuity Card (9" x 14")²
- c. Paper occluders (one for each child)
- d. (Plus) + 1.75 Sphere Lenses—clip on type³
- e. Worth 4-Dot Flashlight—Red or Green Lenses³
- f. Penlights³
- g. Picture on tongue blade
- h. Two sharpened pencils
- i. Masking tape
- j. Measuring tape (20 feet)

Ordering Information:

¹Charles E. Merrill Publishing Company
1300 Alum Creek Drive
Columbus, Ohio 43216
(614) 258-8441

²Good-Lite Company
7426 West Madison Street
Forest Park, Illinois 60130
(312) 366-3860

³House of Vision
Instrument Company
1 Madison Street
East Rutherford, New Jersey 07073
(201) 779-8787

GLOSSARY

Amblyopia—Dimness of vision without any apparent disease of the eye.

Binocular Vision—The ability to use the two eyes simultaneously to focus on the same object and to fuse the two images into a single image which gives a correct interpretation of its solidity and its position in space.

Blindness—In the United States, the usual definition of blindness is: central visual acuity of 20/200 or less in the better eye after correction; or visual acuity of more than 20/200 if there is a field defect in which the widest diameter of the visual field subtends an angle distance no greater than 20 degrees. Some states include up to 30 degrees.

Central Visual Acuity—Ability of the eye to perceive the shape of objects in the direct line of vision.

Concave Lens—Lens having the power to diverge rays of light; also known as diverging, reducing, negative, myopic, or minus lens, denoted by the sign —.

Convex Lens—Lens having power to converge rays of light and to bring them to a focus; also known as converging, magnifying, hyperopic, or plus lens, denoted by sign +.

Cornea—Clear, transparent portion of the outer coat of eyeball forming front of aqueous chamber.

Depth Perception—The ability to perceive the solidity of objects and their relative position in space; stereoscopic vision.

Diplopia—The seeing of one object as two.

Eye Dominance—Tendency of one eye to assume the major function of seeing, being assisted by the less dominant eye.

Hyperopia, Hypermetroplia—A refractive error in which, because the eyeball is short or the refractive power of the lens weak, the point of focus for rays of light from distant objects (parallel light rays) is behind the retina; thus

accommodation to increase the refractive power of the lens is necessary for distant as well as near vision.

Iris—Colored, circular membrane, suspended behind the cornea and immediately in front of the lens. The iris regulates the amount of light entering the eye by changing the size of the pupil.

Macula Lutea—The small area of the retina that surrounds the fovea and with the fovea comprises the area of distinct vision. Syn. yellow spot.

Myopia—(Nearsightedness) A refractive error in which, because the eyeball is too long in relation to its focusing power, the point of focus for rays of light from distant objects (parallel light rays) is in front of the retina. Thus, to obtain distinct vision, the object must be brought nearer to take advantage of divergent light rays (those from objects less than twenty feet away).



Near Point of Convergence—The nearest point at which the eyes can maintain fixation on an object.

Sclera—The white part of the eye—a tough covering which, with the cornea, forms the external, protective coat of the eye.

Strabismus—Squint; failure of the two eyes simultaneously to direct their gaze at the same object because of muscle imbalance.

Vision—The art or faculty of seeing; sight.

Critical Line—The appropriate line for a child's age is known as the Critical Line.

Audiogram—A graph of the results of a threshold hearing test.

Audiologist—An individual who has completed the academic and clinical requirements and, by such, has received or met the standards necessary to receive the Certificate of Clinical Competence from the American Speech and Hearing Association.

Audiometer—An electronic instrument for measuring hearing sensitivity levels.

DeciBel (dB)—The unit of measurement of sound intensity.

Frequency—The number of cycles per second which make up tone. Frequency is comparable to pitch.

Hearing Screening Test—Determines the response to discrete frequencies presented at a specified deciBel level.

Hertz (Hz)—The unit of measurement of sound frequency. The human ear is capable of hearing frequencies from 20 Hz to 20,000 Hz.

Impedance Measurement—The use of a specially designed instrument for the purposes of screening middle ear function.

Intensity—The strength of sound-energy transmission. Intensity is comparable to loudness.

Pure Tone—A sound of specific frequency produced by an audiometer.

Threshold Hearing Test—Determines the lowest deciBel level required to elicit responses at least 50% of the time to a series of discrete frequencies.

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A COMPREHENSIVE APPROACH

The process described in this manual represents one segment of the total approach New Jersey has developed to provide services to prekindergarten handicapped children.

These materials/media are available to assist local district personnel in planning for the identification and screening of children ages 3-5.

NEW JERSEY STATE PLAN

"We are Very Concerned about the needs of preschool handicapped children" (Brochure)

The Skill and the Will to Grow (A filmstrip which overviews the New Jersey State Plan for prekindergarten handicapped children)

IDENTIFICATION

Child Find "How-To" Kit for Local Schools (Manual and materials)

SCREENING

Screening Children Ages 3-5 (A manual describing the screening process)

Filmstrip Series (Four filmstrips to train personnel in the screening process: speech and language, hearing, vision and motor)

REGISTRATION RECORD

DATE _____

COUNTY _____ SCREENING SCHOOL DISTRICT _____

CHILD'S NAME _____
LAST FIRST

BIRTHDATE _____ PLACE OF BIRTH _____
MONTH DAY YEAR

PREKINDERGARTEN EXPERIENCE _____ / _____ / _____
DAY CARE HEAD START NURSERY SPECIAL SCHOOL

LAST NAME FIRST NAME

MOTHER _____

FATHER _____

GUARDIAN _____

ADDRESS _____
STREET CITY ZIP TELEPHONE

SOCIAL OR MEDICAL AGENCIES WHO KNOW THE CHILD:

HAS THE CHILD HAD ANY PREVIOUS TESTING? _____

WHERE? _____

WHEN? _____

NAME OF DOCTOR _____ DATE LAST CHECKUP _____

WERE ANY PROBLEMS MENTIONED TO YOU? _____

DESCRIBE: _____

ARE RECORDS AVAILABLE FROM ANY OF THE ABOVE? _____

ARE THERE ANY MEMBERS OF THE FAMILY WHO ARE ALSO HAVING PROBLEMS AND ARE RECEIVING SPECIAL HELP? _____

WERE THERE ANY UNUSUAL PROBLEMS DURING PREGNANCY OR DELIVERY? _____

WHAT EARLY CHILDHOOD ILLNESSES OR SERIOUS INJURIES DID HE/SHE HAVE?

HOW IS HIS/HER HEALTH? _____

IS HE/SHE TAKING ANY MEDICATION NOW? _____

WHAT KIND(S)? _____

WHAT ARE YOUR CONCERNS REGARDING YOUR CHILD'S GROWTH AND DEVELOPMENT? _____

COMMENTS:

I AUTHORIZE THE USE OF SCREENING SERVICES TO AID IN THE APPRAISAL AND PROGRAMMING OF MY CHILD. I UNDERSTAND THAT THESE SERVICES MAY UTILIZE INDIVIDUAL TESTS AND/OR SCALES BY QUALIFIED PERSONNEL. I FURTHER UNDERSTAND THAT ALL REPORTS WILL BE TREATED CONFIDENTIALLY AND WILL BE AVAILABLE TO PROPER SCHOOL AUTHORITIES, THE STATE DEPARTMENT OF EDUCATION, PROJECT CHILD FIND, AND PARENTS/GUARDIANS.

DATE _____

PARENT/GUARDIAN SIGNATURE _____

SCREENING RECORD

Child's Name _____

D.O.B. _____

Regional Screening Center _____

Screening
Date _____

VERBAL

Preschool Language Scale

Age: Yrs. _____ Mos. _____

AC Scale Pass _____ Fail _____ VA Scale Pass _____ Fail _____

No Problem: _____ Problem: _____

Needs Follow-Up: _____

Comments: _____

Signed _____

HEARING

Impedance Test: Pass _____ Fail _____

Audiometric Screening:

	500 _{Hz}	1000 _{Hz}	2000 _{Hz}	3000 _{Hz}	4000 _{Hz}
Right	_____	_____	_____	_____	_____
Left	_____	_____	_____	_____	_____

No Problem: _____ Problem: _____

Needs Follow-Up: _____

Comments: _____

Signed: _____

VISION

Visual Acuity:

Both eyes 20/	_____	Pass	_____	Fail	_____
Right eye 20/	_____	Pass	_____	Fail	_____
Left eye 20/	_____	Pass	_____	Fail	_____

Hyperopia Test: Pass _____ Fail _____

*Worth 4 Dot Test: Pass _____ Fail _____

*Hirshberg Test: Pass _____ Fail _____

*Near Point of Convergence: Pass _____ Fail _____

*Depth Perception: Pass _____ Fail _____

Screened with glasses Yes _____ No _____

Possible muscle imbalance Yes _____ No _____

Symptoms observed _____

No Problems: _____ Problem: _____

Needs Follow-Up: _____

Comments: _____

Signed: _____

Speech/Language
Screening Report Form

PASS
REFER

Name: _____

Address: _____

Date: _____

Birthdate: _____

Telephone: _____

C.A. in Months _____

Point Score Needed _____

Point Score AC _____

VA _____

Comments: _____

<u>AC Scale</u>			<u>VA Scale</u>		
<u>Section</u>	<u># Items Passed</u>	<u>Points</u>	<u>Section</u>	<u>#Items Passed</u>	<u>Points</u>
I (1-1½)	_____	____(4)	I (1-1½)	_____	____(4)
II (1½-2)	_____	____(8)	II (1½-2)	_____	____(8)
III (2-2½)	_____	____(12)	III (2-2½)	_____	____(12)
IV (2½-3)	_____	____(16)	IV (2½-3)	_____	____(16)
V (3-3½)	_____	____(20)	V (3-3½)	_____	____(20)
VI (3½-4)	_____	____(24)	VI (3½-4)	_____	____(24)
VII (4-4½)	_____	____(28)	VII (4-4½)	_____	____(28)
VIII (4½-5)	_____	____(32)	VIII (4½-5)	_____	____(32)
IX (5-6)	_____ x2	____(40)	IX (5-6)	_____ x2	____(40)
X (6-7)	_____ x2	____(48)	X (6-7)	_____ x2	____(48)
Total _____			Total _____		

Name _____ D.O.B. _____ Date _____

MOTOR

Put P or F on end of line completed. Use the guide on motor screening started two tests before the chronological age. If two tests in a row are failed, it may be an indication of a problem.

	2.0	2.6	3.0	3.6	4.0	4.6	5.0
1. Walk forward in straight line.....	_____	_____	_____	_____	_____	_____	_____
2. Kick a ball with either foot	_____	_____	_____	_____	_____	_____	_____
3. Walk forward eight feet	_____	_____	_____	_____	_____	_____	_____
4. Balance on one foot	_____	_____	_____	_____	_____	_____	_____
5. Balance on other foot	_____	_____	_____	_____	_____	_____	_____
6. Jump up with both feet in the air.....	_____	_____	_____	_____	_____	_____	_____
7. Walk on heels eight feet	_____	_____	_____	_____	_____	_____	_____
8. With one hand bounce ball at least three times.....	_____	_____	_____	_____	_____	_____	_____
9. With both feet together jump forward at least eight inches.....	_____	_____	_____	_____	_____	_____	_____
10. Throw ball at least eight feet.....	_____	_____	_____	_____	_____	_____	_____
11. Catch ball 2 or 3 times with elbows bent and in front of body.....	_____	_____	_____	_____	_____	_____	_____
12. Hop on one foot at least 2 times.....	_____	_____	_____	_____	_____	_____	_____
13. Hop on other foot at least 2 times.....	_____	_____	_____	_____	_____	_____	_____
14. Throw a small rubber ball at least 12 feet	_____	_____	_____	_____	_____	_____	_____

No Problem: _____ Problem: _____

Needs Follow-Up: _____

Comments: _____

_____ Signed _____

GENERAL OVERALL SCREENING OBSERVATIONS AND COMMENTS: _____

_____ Signed _____

GUIDELINES FOR PROJECT CHILD FIND
ASSESSMENT

Submitted by:

Julie Kratchman
Supervisor
Project Child Find
August 1980

EC 140 354

A. Intake

1. The 800 number "Child Find" operator will receive statewide calls.
2. The operator will obtain the pertinent information from the person calling -- name of person, relation to the child, address, telephone, child's name, age and problem area.
3. The Supervisor will follow up the referral by contacting the parents and the county screening center by letter or phone to schedule the child for screening.
4. Parents will be informed, by the Supervisor, that they will be contacted by the screening center within ten days.

B. Screening Referral

1. The referral will be sent to the county screening center within 48 hours.
2. Children will be scheduled for screening within 10 days of the parental contact.
3. Upon completion of the screening, the results will be sent to the Supervisor for follow-up.

C. Follow-up After Screening

1. Follow-up procedures for children failing any component of the screening will be arranged by the Supervisor, Project Child Find, upon receipt of the screening results.
2. Following screening, a child may be:
 - a. referred directly to a College Assessment Center (Glassboro State College, Trenton State College, Kean College, William Paterson College) for diagnostic assessment. Diagnostic assessment may include a speech and language evaluation, psychological evaluation, neurological evaluation, etc.
 - b. referred to a specialized community clinic for services.
 - c. referred to other appropriate state, county or local agency for services.
 - d. referred to a program for placement
3. Upon receipt of the screening results, the Supervisor, Project Child Find, will contact the parents within 48 hours regarding follow-up procedures.
4. A referral, including the intake form, registration and screening records, will be sent to the appropriate agency or center after contacting the parents.

5. Should the need for program placement be evident as a result of the screening, the Supervisor, Project Child Find, in cooperation with the Consultants, Preschool Handicapped Programs, will implement program placement procedures at once in conjunction with follow-up assessment.

D. Assessment Procedures

1. Upon receipt of the referral, an assessment team member will contact the parents by phone or letter within one week to schedule an evaluation appointment. Should immediate scheduling arrangements not be feasible, the parent will be notified by the team within one week to confirm their receipt of the referral. At that time the parent should be given an approximate date for the evaluation.
2. Children should be scheduled for evaluation within ten days of the parental contact.
3. Appointments should be made available in the evenings and on Saturdays for those parents unable to schedule weekday appointments.
4. At the evaluation, if it is determined that the child has been to a specialist or has had other evaluations that may yield pertinent information, a request for information should be sent (with parental permission) to the doctor, hospital or organization.
5. Assessment center staff will complete their components of the evaluation. If the results of the evaluation reveal a specialized problem, a referral will be made, by the assessment team, to the appropriate specialist.
6. Upon completion of the evaluation, a staffing will be scheduled with the child's parent(s). Parents will be notified that a written evaluation report is available to them upon their request.

E. Evaluation Reports

1. Monthly report forms regarding status of cases will be submitted to the Supervisor, Project Child Find.
2. Summaries of evaluations will be submitted to the Supervisor, Project Child Find, within one week of completion of testing.
3. Evaluations and reports will be completed within 12 weeks of the assessment teams' receipt of referral.

A Statewide Interagency Plan
for the Delivery of Services
to Young Handicapped Children

In 1978, the New Jersey Department of Education instituted an Inter-departmental Committee for Education of the Handicapped. This Committee recognized the need for interagency collaboration regarding programs and services for preschool handicapped children and encouraged the development of a project to examine ongoing cooperative activities.

The Educational Improvement Center-South was awarded a grant to assist the Interdepartmental Committee in this effort.

The goal of the interagency project is to provide young handicapped children with comprehensive services delivered through a statewide inter-agency single input system comprised of identification, evaluation and service delivery components. It is the intent of this project to accomplish activities which will provide a system of service delivery focusing on the needs of the client and his/her family. Through inter-agency cooperation, families should experience a reduction in duplication and delay in the delivery of services.

An Ad Hoc Committee, with representatives from the Departments of Education, Health, Human Services, Community Affairs, Labor and Industry and Head Start, was formed to advise EIC-South staff in the achievement of project activities.

The following objectives will be met within the first year of the project:

- To analyze agency programs and policies in an effort to identify potential areas of coordination in service delivery.
- To develop an interagency design for dissemination to service providers. The design would assist providers in reducing barriers to the delivery of services to eligible disabled children and would be cost effective.
- To identify, based upon demographic criteria, eight communities to participate as pilot sites for the collection of information related to the development of the interagency design.
- To compile a statewide resource guide of programs/services for young handicapped children. This guide, composed of descriptions of state, regional and county level programs which deliver services to the target population, will provide agency staff with an awareness of services throughout the state.
- To develop a delivery system for services which is sensitive to the client's needs.
- To analyze the delivery of services to young handicapped children within programs to determine the feasibility of developing and implementing Coordinated Individualized Service Plans (CISP). A CISP, incorporating the various components which address individual agency program requirements, would facilitate a smooth transition to other agency programs.